

FILED FEB 10 1942

State File No.

31

Registration District No.

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1825 JONES-STR.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution OVER-50-YRS. (Specify whether years, months or days)
In this community OVER-50-YRS.

3. (a) PRINT FULL NAME SOPHRONA-L-TARWATER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Female 5. Color Wh 6. (a) Single, widowed, married, divorced Wid
7. Name of husband or wife Richardson Tarwater 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Sept 19 1855 (Month) (Day) (Year)

8. AGE: 86 Years 3 Months 20 Days If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Alackia Patter
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Norah Hunter
15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. S. Mitealy

(b) Address St Joseph Mo

17. (a) burial (b) Date thereof Jan 11 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Ray Stawen

(b) Address St Joseph Mo

19. (a) 1/10/42 (b) W. B. Rost (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1825 Jones (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1942 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 6 1942 to Jan 9 1942
that I last saw her alive on Jan 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary (Heart) Thrombosis Duration 2 days

Due to

Due to

Other conditions Chronic Bronchitis ?
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy - gfa PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) While at work (Specify type of place) (f) Means of injury

23. Signature Wm B. Rost (M. D. or other)

Address St Joseph Mo Date signed 1-9-42

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo ST JOSEPH

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Post
Miss

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John Ray Slattery

Licensed Embalmer No.

2435

P. O. Address

St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.